



PHILIP L. BROWNING
Director

**County of Los Angeles
DEPARTMENT OF CHILDREN AND FAMILY SERVICES**

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August 6, 2015

To: Supervisor Michael D. Antonovich, Mayor
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From: Philip L. Browning
Director

**CHILDREN'S HOMES OF SOUTHERN CALIFORNIA GROUP HOME FISCAL ASSESSMENT
AND CONTRACT COMPLIANCE MONITORING REVIEW**

The Department of Children and Family Services (DCFS) Contracts Administration Division (CAD) conducted a fiscal compliance assessment of Children's Homes of Southern California (the Group Home) in August 2014. The Group Home compliance review was initiated in September 2014. The Group Home has five sites located in the Third Supervisorial District and provides services to County of Los Angeles DCFS foster children and Probation foster youth. According to the Group Home's program statement, its stated purpose is to "First, help youths develop the skills and self-esteem, which will enable them to become self-sufficient and productive persons in society. And second, to help develop and promote a viable social support system for youths outside the foster care system."

The Group Home has five 6-bed sites, each with a licensed capacity for 6 male youth, ages 12 through 18. The facility also serves Non-Minor Dependents (NMD). At the time of review, the Group Home served 30 DCFS placed children. The placed children's overall average length of placement was 8 months, and their average age was 16.

SUMMARY

CAD conducted a Fiscal Compliance Assessment, which included an on-site review of the Group Home's financial records, such as financial statements, bank statements, check register, and personnel files to determine the Group Home's compliance with the terms, conditions, and requirements of the Group Home Contract, the Auditor-Controller Contract Accounting and Administration Handbook (A-C Handbook) and other applicable federal, State, and County regulations and guidelines.

The Group Home was in full compliance with 4 of 5 areas of the Fiscal Compliance Assessment: Financial Overview; Loans, Advances and Investments; Board of Directors and Business Influence; and Payroll and Personnel.

CAD identified a deficiency in the area of: Cash/Expenditures, related to the lack of a Fixed Assets inventory list.

During CAD's contract compliance review, the interviewed children generally reported: feeling safe at the Group Home, having been provided with good care and appropriate services, being comfortable in their environment and treated with respect and dignity.

The Group Home was in full compliance with 6 of 10 sections of our contract compliance review: Education and Workforce Readiness; Psychotropic Medication; Personal Rights and Social/Emotional Well-Being; Personal Needs/Survival and Economic Well-Being; Discharged Children; and Personnel Records.

CAD noted deficiencies in the areas of: Licensure/Contract Requirement, related to one of the Group Home vehicles not being well maintained and Community Care Licensing (CCL) citations; Facility and Environment, related to the exterior not being well maintained, not having working computers and expired food; Maintenance of Required Documentation and Service Delivery, related to not obtaining the Children's Social Worker's signature on Needs and Service Plans (NSPs) and Initial and Updated NSPs not being developed timely nor having included the participation of all required; and Health and Medical Needs, related to untimely initial dental exams.

Attached are the details of our review.

REVIEW OF REPORT

On October 3, 2014, Chinelo Maduiké, DCFS CAD Monitor, held an Exit Conference with the Group Home staff: Jorge Marquez, Executive Director and Michelle Villacorta, Program Director. DCFS staff included: Helga Kiaian, CAD; and Mary Espinoza, Out-of-Home Care Management Division (OHCMD). The Group Home's representatives were in agreement with the review findings and recommendations, were receptive to implementing systemic changes to improve compliance with regulatory standards, and agreed to address the noted deficiencies in Corrective Action Plans (CAPs).

A copy of this compliance report has been sent to the A-C and CCL.

The Group Home provided the attached approved fiscal and contract compliance CAPs addressing the recommendations noted in this report.

CAD Fiscal staff verified implementation of the CAP in January 2015. CAD conducted a follow-up visit to the Group Home on April 8, 2015, to verify implementation of the compliance CAP.

Each Supervisor
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If you have any questions, your staff may contact Aldo Marin, Board Relations Manager, at (213) 351-5530.

PLB:EM
LTI:cm

Attachments

c: Sachi Hamai, Interim Chief Executive Officer
John Naimo, Auditor-Controller
Jerry E. Powers, Chief Probation Officer
Public Information Office
Audit Committee
Sybil Brand Commission
Jorge Marquez, Executive Director, Children's Homes of Southern California
Lajuannah Hills, Regional Manager, Community Care Licensing Division
Lenora Scott, Regional Manager, Community Care Licensing Division

**CHILDREN'S HOMES OF SOUTHERN CALIFORNIA
FISCAL COMPLIANCE ASSESSMENT REVIEW
FISCAL YEAR 2014 –2015**

SCOPE OF REVIEW

The Fiscal Compliance Assessment included review of the Children's Home of Southern California's (the Group Home) financial records for the period of January 1, 2012 through September 30, 2014. Contracts Administration Division (CAD) reviewed the financial statements, bank statements, check register, and personnel files to determine the Group Home's compliance with the terms, conditions and requirements of the Group Home Contract, the Auditor-Controller Contract Accounting and Administration Handbook (A-C Handbook) and other applicable federal, State, and County regulations and guidelines.

The on-site Fiscal Compliance Assessment review focused on the following five key areas:

- Financial Overview,
- Loans, Advances and Investments,
- Board of Directors and Business Influence,
- Cash/Expenditures, and
- Payroll and Personnel.

The Group Home was in full compliance with 4 of the 5 areas of the Fiscal Compliance Assessment: Financial Overview; Loans, Advances and Investments; Board of Directors and Business Influence; and Payroll and Personnel.

During the review, CAD noted that the Group Home incurred \$158,506 loss from operations during its fiscal year ending December 31, 2012, due to the expansion of program operations to develop two Emergency Shelter Care (ESC) homes in response to a Request for Letters of Interest sent out by DCFS. The revenue generated from the two ESC homes are reflected in the Group Home's Audited Financial Statements for its fiscal year ending December 31, 2013, which reflect a net operating income of \$55,337.

CAD identified a less-than-arms-length transaction (related party). The Administrative Office and two ESC homes are owned by the Executive Director and one Group Home facility is leased from a corporation that the Executive Director and his mother are the sole shareholders. The Executive Director is not on or related to a member of the Group Home's Board of Directors and the amount of these related party lease transactions are all within the allowable limits established in the Welfare and Institutions Code (WIC) section 11462.06 (a).

FISCAL COMPLIANCE

CAD found the following areas out of compliance:

Cash/Expenditures

- The inventory list of fixed assets did not include all the required information.

Recommendation:

The Group Home management shall ensure that:

1. A fixed assets inventory list is maintained that includes item description, serial number, and date of purchase, acquisition cost and funding source.

MOST RECENT FISCAL REVIEW CONDUCTED BY THE AUDITOR-CONTROLLER

The Auditor-Controller posted the most recent fiscal review of the Group Home on July 11, 2013. This report identified \$15,584 in unallowable penalty and interest and \$9,631 in unsupported/inadequately supported expenditures, including loan payments for which the Group Home was unable to document the portion of the payments that related to unallowable interest. The Loan proceeds were used to settle delinquent federal payroll taxes. There is no balance owed on the amount identified in the A-Cs fiscal review. The Group Home currently owes \$9,078 in Group Home Overpayments of which \$1,376 is in dispute. These payments are being made in accordance with the invoice due dates.

NEXT FISCAL COMPLIANCE ASSESSMENT

The next Fiscal Compliance Assessment of the Group Home will be conducted in County Fiscal Year 2015-16.

**CHILDREN'S HOMES OF SOUTHERN CALIFORNIA GROUP HOME
CONTRACT COMPLIANCE MONITORING REVIEW SUMMARY**

**22455 Victory Boulevard
West Hills, CA 91307
License Number: 191222471
Rate Classification Level: 12**

**6450 Shoup Avenue
West Hills, CA 91307
License Number: 197601995
Rate Classification Level: 12**

**14239 Valerio Street
Van Nuys, CA 91405
License Number: 191221575
Rate Classification Level: 12**

**7701 Baird Avenue
Reseda, CA 91335
License Number: 191221601
Rate Classification Level: 12**

**15352 Runnymede Street
Van Nuys, CA 91405
License Number: 191221595
Rate Classification Level: 12**

	Contract Compliance Monitoring Review	Findings: September 2014
I	<u>Licensure/Contract Requirements</u> (9 Elements) <ol style="list-style-type: none"> Timely Notification for Child's Relocation Provided Children's Transportation Needs Vehicle Maintained In Good Repair Timely, Cross-Reported SIRs Disaster Drills Conducted & Logs Maintained Runaway Procedures Comprehensive Monetary and Clothing Allowance Logs Maintained Detailed Sign In/Out Logs for Placed Children CCL Complaints on Safety/Plant Deficiencies 	<ol style="list-style-type: none"> Full Compliance Full Compliance Improvement Needed Full Compliance Full Compliance Full Compliance Full Compliance Full Compliance Improvement Needed
II	<u>Facility and Environment</u> (5 Elements) <ol style="list-style-type: none"> Exterior Well Maintained Common Areas Well Maintained Children's Bedrooms Well Maintained Sufficient Recreational Equipment/Educational Resources Adequate Perishable and Non-Perishable Foods 	<ol style="list-style-type: none"> Improvement Needed Full Compliance Full Compliance Improvement Needed Improvement Needed
III	<u>Maintenance of Required Documentation and Service Delivery</u> (10 Elements) <ol style="list-style-type: none"> Child Population Consistent with Capacity and Program Statement County Children's Social Worker's Authorization to Implement NSPs NSPs Implemented and Discussed with Staff Children Progressing Toward Meeting NSP Case Goals Therapeutic Services Received Recommended Assessment/Evaluations Implemented 	<ol style="list-style-type: none"> Full Compliance Improvement Needed Full Compliance Full Compliance Full Compliance Full Compliance

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	<ol style="list-style-type: none"> 7. County Children's Social Workers Monthly Contacts Documented 8. Children Assisted in Maintaining Important Relationships 9. Development of Timely, Comprehensive Initial NSPs with Child's Participation 10. Development of Timely, Comprehensive, Updated NSPs with Child's Participation 	<ol style="list-style-type: none"> 7. Full Compliance 8. Full Compliance 9. Improvement Needed 10. Improvement Needed
IV	<u>Educational and Workforce Readiness</u> (5 Elements) <ol style="list-style-type: none"> 1. Children Enrolled in School Within Three School Days 2. GH Ensured Children Attended School and Facilitated in Meeting Their Educational Goals 3. Current Report Cards/ Progress Reports Maintained 4. Children's Academic Performance and/or Attendance Increased 5. GH Encouraged Children's Participation in YDS/ Vocational Programs 	Full Compliance (All)
V	<u>Health and Medical Needs</u> (4 Elements) <ol style="list-style-type: none"> 1. Initial Medical Exams Conducted Timely 2. Follow-Up Medical Exams Conducted Timely 3. Initial Dental Exams Conducted Timely 4. Follow-Up Dental Exams Conducted Timely 	<ol style="list-style-type: none"> 1. Full Compliance 2. Full Compliance 3. Improvement Needed 4. Full Compliance
VI	<u>Psychotropic Medication</u> (2 Elements) <ol style="list-style-type: none"> 1. Current Court Authorization for Administration of Psychotropic Medication 2. Current Psychiatric Evaluation Review 	Full Compliance (All)
VII	<u>Personal Rights and Social/Emotional Well-Being</u> (13 Elements) <ol style="list-style-type: none"> 1. Children Informed of Group Home's Policies and Procedures 2. Children Feel Safe 3. Appropriate Staffing and Supervision 4. GH's Efforts to Provide Nutritious Meals and Snacks 5. Staff Treat Children with Respect and Dignity 6. Appropriate Rewards and Discipline System 7. Children Allowed Private Visits, Calls and Correspondence 8. Children Free to Attend or Not Attend Religious Services/Activities 9. Reasonable Chores 	Full Compliance (All)

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	<ul style="list-style-type: none"> 10. Children Informed About Their Medication and Right to Refuse Medication 11. Children Free to Receive or Reject Voluntary Medical, Dental and Psychiatric Care 12. Children Given Opportunities to Plan Activities in Extra-Curricular, Enrichment and Social Activities (GH, School, Community) 13. Children Given Opportunities to Participate in Extra-Curricular, Enrichment and Social Activities (GH, School, Community) 	
VIII	<p><u>Personal Needs/Survival and Economic Well-Being</u> (7 Elements)</p> <ul style="list-style-type: none"> 1. \$50 Clothing Allowance 2. Adequate Quantity and Quality of Clothing Inventory 3. Children's Involvement in Selection of Their Clothing 4. Provision of Clean Towels and Adequate Ethnic Personal Care Items 5. Minimum Monetary Allowances 6. Management of Allowance/Earnings 7. Encouragement and Assistance with Life Book/Photo Album 	Full Compliance (All)
IX	<p><u>Discharged Children</u> (3 Elements)</p> <ul style="list-style-type: none"> 1. Children Discharged According to Permanency Plan 2. Children Made Progress Toward NSP Goals 3. Attempts to Stabilize Children's Placement 	Full Compliance (All)
X	<p><u>Personnel Records</u> (7 Elements)</p> <ul style="list-style-type: none"> 1. DOJ, FBI, and CACIs Submitted Timely 2. Signed Criminal Background Statement Timely 3. Education/Experience Requirement 4. Employee Health Screening/TB Clearances Timely 5. Valid Driver's License 6. Signed Copies of Group Home Policies and Procedures 7. All Required Training 	Full Compliance (All)

**CHILDREN'S HOMES OF SOUTHERN CALIFORNIA GROUP HOME
CONTRACT COMPLIANCE MONITORING REVIEW
FISCAL YEAR 2014-2015**

SCOPE OF REVIEW

The following report is based on a "point in time" monitoring visit. This compliance report addresses findings noted during the September 2014 review. The purpose of this review was to assess Children's Homes of Southern California Group Home's (the Group Home) compliance with its County contract and State regulations and included a review of the Group Home's program statement, as well as internal administrative policies and procedures. The monitoring review covered the following 10 areas:

- Licensure/Contract Requirements,
- Facility and Environment,
- Maintenance of Required Documentation and Service Delivery,
- Educational and Workforce Readiness,
- Health and Medical Needs,
- Psychotropic Medication,
- Personal Rights and Social Emotional Well-Being,
- Personal Needs/Survival and Economic Well-Being,
- Discharged Children, and
- Personnel Records.

For the purpose of this review, seven County of Los Angeles Department of Children and Family Services (DCFS) placed children were selected for the review. The Contracts Administration Division (CAD) interviewed each child and reviewed their case files to assess the care and services they received. Additionally, three discharged children's files were reviewed to assess the Group Home's compliance with permanency efforts. At the time of the review, three of seven sampled children were prescribed psychotropic medication. Their case files were reviewed to assess for timeliness of Psychotropic Medication Authorizations and to confirm the required documentation of psychiatric monitoring.

CAD reviewed five Group Home staff files for compliance with Title 22 Regulations and County contract requirements and conducted site visits to assess the provision of quality of care and supervision.

CONTRACTUAL COMPLIANCE

CAD found the following four areas to be out of compliance:

Licensure/Contract Requirements

- Vehicles were not maintained in good repair.

One of five vans in which the children are transported was not well maintained, as the van did not have a working horn. This was immediately brought to the Group Home representative's attention during the review and the horn was repaired. On September 24, 2014, the Group Home submitted

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a receipt as verification that the repairs were completed on September 23, 2014. During an on-site follow-up visit on October 21, 2014, CAD confirmed that the horn was operational.

- Community Care Licensing (CCL) cited the Group Home as a result of deficiencies and findings.

CCL cited the Group Home's Victory site on October 23, 2013, as a result of deficiencies and findings during the annual inspection. According to the report dated October 23, 2013, CCL found four placed children in the home needed under garments, socks, and winter jackets. One child did not have a medical assessment on file, even though the child was placed in the Group Home for over 30 days. Two children did not have current immunization and tuberculosis (TB) records on file and one employee was missing a TB test in the personnel file. A Child Abuse referral was not made to the Child Abuse Hotline regarding this citation.

CCL requested a Plan of Correction (POC), which included having the facility manager submit clothing receipts, obtain a medical assessment for the one child, obtain immunization records along with TB records for the two children and obtain a TB record for the one employee by November 6, 2013. The Group Home submitted its POC to CCL stating that they have corrected all citations. Receipts dated October 24, 2013, October 27, 2013, and November 3, 2013 were submitted showing that all the children had adequate under garments, socks, and winter jackets. The child in need of a medical assessment completed their physical on October 24, 2013 and the TB test on November 4, 2013. The one employee was able to provide negative x-ray test results for TB dated March 11, 2011 and was cleared to continue working at the Group Home. CCL cleared the POC on May 5, 2015.

CCL cited the Group Home's Victory site as a result of deficiencies and findings in a complaint investigation received by CCL on July 24, 2013. According to the report dated October 23, 2013, CCL substantiated a complaint against staff for violating a child's personal rights by calling him an inappropriate name.

CCL requested a POC, which required the facility manager to have staff attend a personal rights class at the Victory Group Home site by the end of November 2013. In the interim, the one employee with the violation was required to review material (personal rights regulations and appropriate responses to resident behaviors) and send in written verification of the discussion and class schedule by October 30, 2013. The Group Home submitted a written POC to CCL stating that they conducted an administrative meeting regarding the employee's violation of a resident's personal rights. A written warning notice was issued to the employee and the employee was scheduled to receive in-house training at the Group Home. The training for all staff was completed on November 7, 2013. The Group Home indicated that the resident did not report this incident to the Group Home and they only became aware of the issue when CCL conducted their investigation. CCL cleared the POC on May 5, 2015.

CCL cited the Group Home's Runnymede's site as a result of deficiencies and findings in a complaint investigation received by CCL on August 7, 2013. According to the report dated December 11, 2013, CCL substantiated a personal rights violation for lack of appropriate supervision of a minor child. The Group Home staff #1 failed to communicate with staff #2 that water was boiling, which resulted in the child sustaining first and second degree burns. A referral

was generated and investigated by a DCFS Emergency Response Children's Social Worker (ER CSW) and the allegation of General Neglect was substantiated against the Group Home.

CCL requested a POC, which required that management re-train all staff by December 18, 2013 and address the health and safety of residents in care. CCL assessed the Group Home facility with a Civil Penalty of \$150.00 due to the injury of the client.

The Group Home submitted a POC to CCL stating that upon hire, all employees will receive a copy of the Personal Rights for Children's Residential Facilities contained in Title 22 and all employees will receive on-going training provided by the Group Home to increase the staff's knowledge of the children's personal rights. The Group Home conducted the re-training of their employees on December 13, 2013. The Group Home submitted copies of the staff trainings' outline and staff sign-in sheet as verification that the training was completed. CCL cleared the POC on May 5, 2015.

Recommendations:

The Group Home management shall ensure that:

1. Vehicles are maintained in good repair.
2. The Group Home is in compliance with Title 22 Regulations and free of CCL citations.

Facility and Environment

- The exterior of the Group Home was not well maintained.

One of five Group Home sites had a walkway area that was not well maintained. The walkway leading to the home has significant separation in the concrete, which posed a safety hazard to the children placed in the home. This was brought to the attention of the Facility Manager and the repair was initiated on October 3, 2014 and completed on October 10, 2014. On November 26, 2014, CAD visually confirmed the walkway had been repaired.

- Sufficient recreational equipment and educational resources were not maintained.

The same Group Home facility mentioned above did not maintain a sufficient and appropriate selection of recreational equipment. This was brought to the attention of the Group Home representative. In response, ping-pong paddles and balls were purchased along with a new foosball table for the recreational use of residents. On November 26, 2014, CAD confirmed the site had sufficient and appropriate selection of recreational equipment.

Additionally, at the time of the review, all five Group Home sites did not have working computers readily available to children. This was brought to the attention of the Group Home representatives. At the Exit Conference, the Group Home representatives stated that computers would be purchased. During the follow-up visit on November 26, 2014, CAD Compliance verified that the computer installation was completed at Shoup and Baird Homes. The purchase and computer

installation was completed for the remaining three Group Home sites in December 2014. On April 3, 2015, CAD Compliance confirmed this had been completed.

- Adequate perishable and non-perishable foods were not maintained.

Three of the sites had expired cans of food. This was immediately brought to the Group Home's representative's attention and staff discarded the expired cans during the compliance inspection. On April 8, 2015, CAD Compliance verified that the Group Home's Certified Professional Food Manager re-trained agency staff on October 30, 2013. In addition, the Group Home Food Manager completed a "Food Safety Manager Certification" program through an outside food safety company on December 1, 2014 and documentation was provided.

Recommendations:

The Group Home Management shall ensure that:

3. The exterior is well maintained.
4. The Group Home maintains sufficient recreational equipment and educational resources.
5. The Group Home has adequate perishable and non-perishable food.

Maintenance of Required Documentation and Service Delivery

- The Group Home did not obtain the DCFS Children's Social Workers' (CSW) authorization to implement Needs and Services Plans (NSPs).

For all the NSPs reviewed, the Group Home did not obtain the CSW's authorization to implement the NSP timely. The Group Home did not attempt to obtain authorization within the timeframes, nor were there consistent efforts documented in attempts to obtain the CSW's authorization to implement the NSPs.

- Developments of Initial NSPs with the child's participation were not timely.

Five of seven initial NSPs reviewed were not developed within the required timeframes with the participation of the children.

- Developments of Updated NSPs with the child's participation were not timely.

The children or Group Home staff did not sign five of fourteen updated NSPs reviewed.

During the review period, a new protocol was implemented to ensure that all parties are involved in the creation of goals and treatment plans. The Group Home will have age appropriate children and designated staff sign on or few days before the due date to give time for the CSW to review and send a signed copy for implementation.

At the Exit Conference, the Group Home representatives stated that they would ensure that the NSPs signature requests from the CSW are documented in detail.

Recommendations:

The Group Home Management shall ensure that:

6. The CSW's authorization to implement NSPs is obtained.
7. All initial NSPs are developed timely, and include the child's participation.
8. All Updated NSPs are developed timely, and include the child's participation.

Health and Medical Needs

- Initial dental examinations were not conducted timely.

Two of seven initial dental examinations were not conducted timely. One child's initial dental examination was due on February 7, 2014; the examination was completed on March 1, 2014. Another child's examination was due on August 24, 2013; the examination was completed on September 5, 2013. In both cases, there were no documentation in the case files as to why the examinations were not completed timely.

During the Exit Conference, the Group Home representatives stated that the agency would ensure that all placed children receive dental examination within 30 days of their placement.

Recommendation:

The Group Home Management shall ensure that:

9. All initial dental examinations are conducted in a timely manner.

PRIOR YEAR FOLLOW-UP FROM DCFS' OUT-OF-HOME CARE MANAGEMENT DIVISION'S (OHCMD's) GROUP HOME CONTRACT COMPLIANCE MONITORING REVIEW

The OHCMD's last compliance report, dated January 31, 2014, identified 7 recommendations.

Results:

Based on CAD's follow-up, The Group Home fully implemented 2 of 7 recommendations for which they were to ensure that:

- All required follow-up medical examinations are conducted in a timely manner.
- All children are encouraged and assisted in creating and updating a Life Book/Photo Album.

The Group Home did not implement 5 of 7 recommendations for which they were to ensure that:

- The facility is in compliance with Title 22 Regulations and County contract requirements.
- All children are provided with sufficient clothing to meet DCFS clothing standards for quality.
- All children participate in the development and implementation of their initial NSPs.
- All children participate in the development and implementation of their Updated NSPs.
- All initial dental examinations are conducted in a timely manner.

10. The outstanding recommendations from the 2013-2014 monitoring report dated January 2014, which are noted in this report as recommendations 2, 7, 8 and 9 are fully implemented.

The Group Home representatives expressed their desire to remain in compliance with Title 22 Regulations and Contract requirements. Michelle Villacorta, Group Home Program Director will ensure that staff is trained on the importance of ensuring that the Initial and Updated NSPs are developed timely.

On April 8, 2015, CAD conducted a follow-up visit and reviewed six updated NSPs and verified that the Group Home was in full compliance with timely development and participation of age-appropriate children and the staff. For three of the six Updated NSPs reviewed, there were documentation of the Group Home's attempts to obtain the CSWs signature. The Group Home was advised to fully implement their updated protocol. The OHCMD will provide on-going technical assistance prior to the next review.



Children's Homes of Southern California

22455 Victory Boulevard, West Hills, CA 91307
Telephone (818) 592-2960, Facsimile (818) 592-2961

November 01, 2014

Attention: Sherman Mikle, Children's Services Administrator Manager
Department of Children and Family Services
Out of Home Care Management Division
9320 Telstar Avenue, Suite 206
El Monte, CA 91731

Dear Mr. Mikle,

Please consider this Corrective Action Plan for the 2014 Contract Compliance Monitoring Review Portion of the Audit that began on August 28, 2014 and concluded on October 03, 2014 with the Group Home Monitoring Review Field Summary.

LICENSURE/CONTRACT REQUIREMENTS

3 Does the group home maintain vehicle in which the children are transported in good repair?

FINDINGS (1):

- Valerio GH Vehicle 2000 Chevy Astro; License plate #7DOB298 did not have a working "Horn" at the time of the GH facility inspection.

CORRECTIVE ACTION:

Group Home Monitoring Review Field Exit Summary indicates that there the Valerio vehicle "did not have a working horn at the time of the GH facility inspection." In order to prevent this from recurring in the future, Children's Homes of Southern California (CHSC) respectfully enacted the following correction(s) in order to ensure agency vehicles in which the children are transported in are in good repair.

- To address the immediate concern of the Valerio GH vehicle, the agency respectfully submitted via email on 09/24/2014 the invoice which indicated repair of the Valerio GH vehicle 2000 Chevy Astro; license plate #7DOB298 completed on 09/23/2014 by RS Auto Services located at 6810 Hayvenhurst Avenue, Van Nuys, CA 91406.
- To further ensure the safety & good repair of all group home vehicles, the Agency Maintenance Technician will be responsible for ensuring inspection of group home vehicles monthly by an approved mechanic.
 - Each vehicle inspection will include the interior, exterior, and mechanical components of the vehicle to ensure the functionality, cosmetic

appearance, and safety of the agency vehicle. By including these components on the monthly vehicle inspection log the agency will ensure the agency vehicles in which the children are transported in are safe and in good repair.

- In the event that the vehicle is need of repair, it will be immediately corrected and documented accordingly on the monthly log. By completion of a detailed monthly vehicle inspection sheet the group home will ensure the vehicle in which the children are transported remain in good repair at all times.
- Each vehicle inspection completed will be maintained on a monthly log which will be centrally filed at the Agency office by the Executive Assistant. [Enclosed is a copy of the monthly inspection sheet & vehicle maintenance log].

9 Is the group home free of any substantiated Community Care Licensing complaints on safety and/or physical plant deficiencies since the last review?

FINDINGS (2):

- 07/24/13 & 10/23/2013, Community Care Licensing noted Violation of Personal Rights, Substantiated Complaint; & Community Care Licensing noted Violation of Personal Rights, Client Medical Assessment, Children's Records, and Personnel Requirement during CCL Annual Inspection, Victory (2);
- 12/11/13, Community Care Licensing noted Violation of Personal Rights, Substantiated Complaint, Runnymede (1);

CORRECTIVE ACTION:

Group Home Monitoring Review Field Exit Summary indicates there were (2) incidents of a substantiated Community Care Licensing (CCL) complaints and (1) Community Care Licensing citation for a total of (3) incidents at two out of the five group homes since the last review (September 2013 – August 2014). More specifically, one substantiated complaint at Runnymede Group Home and one substantiated complaint as well as one citation at the Victory Group Home. In order to prevent this from recurring in the future, Children's Homes of Southern California (CHSC) enacted the following corrections at the onset of the substantiated complaints and ***will continue to maintain compliance with said corrections:***

- For Community Care Licensing Substantiated Complaint dated 07/24/2013 at Victory Group Home completed on visit date 10/23/2013:
 - In regards to the substantiated finding by Community Care Licensing (CCL) of Children's Homes of Southern California (CHSC) cited Deficiency Type A, Section 80072(a)1,3, the Corrective Action Plan was submitted to Community Care Licensing on October 31, 2013 which detailed the CHSC's disciplinary action & re-training on Resident Personal Rights & Regulations as well as appropriate responses to residents behaviors who are in placement. Additionally, the Agency

details further re-training completed by agency staff on November 12, 2013 involved in the substantiated complaint on 07/24/2013.

- The submitted Corrective Action Plan was immediately implemented by all CHSC Facility Staff at the Victory Group Home to ensure the maintenance of personal rights of all residents placed within the facility at all times.
 - Lastly, in the event of any resident/staff conflict the Facility Manager on-site will immediately contact the On-Duty Program Manager to inform them of any such occurrence. The Program Manager will then immediately resolve the issue/concern upon said notification
 - Furthermore, Children's Homes will maintain on-going training regarding maintaining appropriate responses with placed residents as well as specific training entitled Resident Personal Rights. [Enclosed is a copy of CHSC Training schedule 2013-2014]
 - The Administrator/Program Director will be responsible for ensuring the aforementioned is maintained in compliance with said Corrective Action Plan as indicated to Community Care Licensing.
- For Community Care Licensing Citation received during the Annual Required Facility Inspection dated 10/23/13 at the Victory Group Home:
 - On 10/29/2013 the Plan of Correction was submitted to Community Care Licensing for the substantiated finding on 10/23/13 by Children's Homes of Southern California (CHSC) Licensee's submitted copy of Agency Employee TB test originally completed on 03/11/2011 and then redone on 03/14/2011 which indicated compliance with Title XXII Regulations.
 - On 11/08/2013 the Plan of Correction was submitted to Community Care Licensing for the cited findings on 10/23/13 by Children's Homes of Southern California (CHSC). Licensee included copies of receipts for undergarments, socks, and jackets; copies of medical/dental assessments, TB results, and immunization records of noted Clients during the facility inspection to bring Agency in compliance with Title XXII regulations.
 - The Administrator/Program Manager will be responsible for ensuring the aforementioned is maintained in compliance with said Corrective Action Plan as indicated to Community Care Licensing.
 - For Community Care Licensing Citation dated 12/11/2013 at Runnymede Group Home:
 - On 12/17/2013 the Plan of Correction was submitted to Community Care Licensing for the substantiated finding on 08/07/2013 by Children's Homes of Southern California (CHSC) which includes training on line of sight & direct Supervision of placed residents excluding hygienic activities (i.e., bathroom, showering, etc.) within the facility by group home staff including but not limited to redirection and prevention of peer interactions

which may result in potentially dangerous behaviors (i.e., horse playing, throwing water).

- In the event that a Resident is need of emergency treatment and/or transport to/from the facility, Agency Staff will Document and Report to the appropriate parties in accordance with California Code of Regulations, Title 22, Sections 80061 & 84061, Title XXII Regulations and Requirements via Special Incident Report and immediate verbal notification to the On-Duty Program Manager via in-person and/or voicemail.
- Upon receipt of immediate verbal notification, On-Duty Program Manager will address California Code of Regulations, Title 22, Sections 80078 (a) with Agency Staff at the facility, specifically addressing the accompanying of Agency Staff with Resident's facility and ensuring the availability of Facility Staff to accompany Resident as need to the hospital for emergency treatment.
- The Administrator/Program Manager will be responsible for ensuring the aforementioned is maintained in compliance with said Corrective Action Plan as indicated to Community Care Licensing.

FACILITY AND ENVIRONMENT

#10 Are the exterior and the grounds of the group home well maintained?

FINDING (1):

Walkway for GH #2 has significant separation in the concrete (crack/bump). (1)

CORRECTIVE ACTION:

Group Home Monitoring Review Field Exit Summary indicates that there is "the walkway for GH #2, *more specifically Shoup Group Home*, has significant separation in the concrete (crack/bump), which poses a safety hazard." In order to prevent this from recurring in the future, Children's Homes of Southern California (CHSC) enacted the following correction in order to ensure the safety of the exterior and grounds of the group home:

- Children's Homes of Southern California (CHSC) initiated the repair of the sidewalk entrance to the Shoup Group Home on 10/03/2014 in order to ensure the safety of all persons including but not limited to placed residents and adults who enter the grounds of the facility. Repair of the sidewalk entrance included but not limited to tear and removal of cracked/bumped concrete and pouring of new cement. Once the cement was set and dried, the grass area surrounding the newly repaired sidewalk entrance was replanted with fresh grass. The repair of the walkway entrance to the Shoup Group Home was completed on October 10, 2014. [Respectfully enclosed is photos of the walkway entrance before repair, during repair, and final result]

- In order to ensure the facility grounds and exterior are well maintained the Agency Maintenance Technician will conduct weekly visual on-site checks of the group home. In the event that the exterior and the grounds of the group home are in need of repairs, the Agency Maintenance Technician will immediately correct and/or repair as needed.

#10 Does the group home maintain sufficient recreational equipment and an appropriate selection of (quantity and quality) reading materials and educational resources and supplies, including computers, which are age-appropriate, readily available to children and in good repair?

FINDING (1):

GH #2 only had basketball hoop and punching pad; Weight bench not in good useable condition; ping pong table had no racket(s)/ball(s). No working computers. (1)

CORRECTIVE ACTION:

Group Home Monitoring Review Field Exit Summary Indicates that there is "GH #2, *more specifically Shoup Group Home*, only had basketball hoop and punching pad; there was a weight bench but it was not in good useable condition, ping pong table but no racket(s) or ball(s). All the Group home facilities had no working computers that were in good repair and readily available to the children." In order to prevent this from recurring in the future, Children's Homes of Southern California (CHSC) enacted the following corrections in order to ensure the safety and availability of the recreational equipment as well as educational resources at the group home:

- Children's Homes of Southern California (CHSC) initiated the repair of the recreational equipment located the Shoup Group Home on 10/09/2014 with the purchase of the Marcy Single Stack Upper Body Gym (Dual Functional Exercise Equipment) in order to ensure placed residents are provided appropriate recreational equipment in good useable condition. The new equipment was received, installed, and available for use by the placed residents at the Shoup Group on October 22, 2014. [Photos Enclosed]
- On October 22, 2014 Children's Homes of Southern California (CHSC) also purchased and made readily available the New Ping Pong Paddles & Balls for use by the placed residents at the facility for recreational purposes. [Photo Enclosed]
- To further provide good useable recreational equipment Children's Homes of Southern California purchased and installed New Fuse Ball Table for the recreational use of the placed Shoup residents. The purchase and installation of recreational equipment provides the placed residents choices in recreational activities. [Photo Enclosed]
- Children's Homes of Southern California (CHSC) initiated the process of purchasing, installing, and making available working computers for the placed residents of the Shoup Group Home. CHSC ordered the installation of internet usage by Time Warner for installation on November 7, 2014 at the facility. On November 10, 2014 R-Tech Computers, Inc, located at 22133

Sherman Way, Canoga Park, CA 91303, (818) 347-1100/(818)347-1169
Facsimile will install HP Elite Desk 800 G1 Ultra Slim Desktop & HP E231 Monitor with pre-installed Windows 7 vPro. Each working computer will have Secure Content Filtering and Gateway Anti-Virus Software. [Enclosed is a copy of Purchase & Installation Quote & Email Verification from R-Tech Computers, Inc.] With the purchase of said computers and the availability of the internet all placed residents will have good working computers for usage within the group homes.

- In order to ensure the on-going availability of good useable recreational equipment within the Shoup facility grounds are maintained the Agency Maintenance Technician will conduct weekly visual on-site checks and repair and/or replace equipment as necessary.
- In the event the computers become unusable the Facility Manager II/House Manager will be responsible for notification to the Program Manager who will immediately initiate repair of the computer with R-Tech Computers, Inc. The Administrator/Program Director will ensure the operation and good workable computers and recreational equipment for Agency placed residents.

#14 Does the group home maintain adequate nutritious perishable and non-perishable foods and adhere to product "used or freeze by," or "best buy", or "sell by", or expiration dates?

FINDINGS (3):

GH #2, #4, & #5 had few expired cans dating back to "2013 & 2012" of food. (3)

CORRECTIVE ACTION:

Group Home Monitoring Review Field Exit Summary noted that the "Group Home had sufficient and adequate food supply and storage. However "GH #2, #4, & #5, *more specifically Shoup, Runnymede, & Valerio Group Homes*, had few expired cans dating back to "2013 & 2012" of food and staff immediately discarded them as soon as it was brought to their attention" In order to prevent this from recurring in the future, Children's Homes of Southern California (CHSC) enacted the following corrections in order to ensure the safety of all food available at the group home:

- Children's Homes of Southern California (CHSC) conducted a review of all frozen, refrigerated, and shelved (non-refrigerated) food items to ensure food items retained in group home premises were not stored beyond their expiration date during the period of the monitoring review.

All Expired Food Items including "few expired cans dating back to "2013 & 2012" of food" were *immediately discarded* from the group home premises by agency staff. Discarding of expired food items will ensure that all residents residing in placement will be afforded safe perishable items for preparation and consumption free from food infections or food intoxications (spoiled) as defined by Out Of Home Care and in Title XXII, General Licensing Requirements, Division 6, Section 80076 (a)(14).

- Children's Homes of Southern California, Certified Professional Food Manager, Vince Williams (Certificate # 1396168), will conduct semi-annual trainings entitled "Food Safety and Storage". Topics addressed included but not limited to the following: Food Based Menu Production Records, Appropriate Storage of Perishable & Non-Perishable Items (Sealed Containers, Length, Cleanliness, Expiration Dates, etc.), Food Contamination, Danger Zones (Refrigerator & Freezer Temperatures) and Proper Thawing Techniques.

As a result, Facility Employees have current and on-going knowledge of appropriate Food Safety and Storage directly from Trainer(s) recognized by Conference for Food Protection. In addition, Employees will be able to accurately apply correct policy and procedures of CHSC Agency Food Program and Practices which ensures Residents are provided proper nutrition in a safe and healthful manner from properly stored items in accordance with and prevent future occurrences.

- Children's Homes of Southern California (CHSCH) conducted an *additional* physical inventory of all frozen, refrigerated and shelved (non-refrigerated) to ensure no items were stored beyond their expiration date at the conclusion of the monitoring review period.

Additional review of expiration dates on physical food inventory retained within the facility, including perishable and non-perishable, items ensure that residents received adequate and healthy food in accordance with Personal Rights as defined in Title XXII Manual of Policies and Procedures, Group Homes, Division 6, Chapter 5, Section 84072 (17) as well as the Statement of Work (SOW) Contract.

- Upon completion of a Weekly Food Shopping Purchase, the First In, First Out (FIFO) will be used by Purchasing Agency Employees. All existing items will be rotated to the front/top of shelves and replacement food items will be stored in the rear/bottom. Additionally, storage of weekly purchases will be appropriately noted via Facility Communication Log Book. In the event, any retained items are not within their expiration date, they will be immediately & appropriately discarded from the Facility. Utilization of this form of Food Rotation will prevent the storage of food items *past their expiration date(s)* within the group home environment.

As a result, *on-going use* of the Weekly FIFO Method by Facility Employees will also ensure appropriate food rotation, weekly visual inspections for food freshness, contamination, and spoilage, and expeditious use of food items prior to the USE BY Date (Expiration Date) in accordance with Agency Regulations, OHCM, and Title XXII, Section 80076 (a)(14).

MAINTENANCE OF REQUIRED DOCUMENTATION AND SERVICE DELIVERY

16 Did the group home obtain and document efforts to obtain the County worker's authorization to implement the Needs and Services Plan?

FINDINGS (7):

NSPs were signed late by CSW; NSPs had no timely documented effort to obtain CSWs signatures;
NSPs had some missing signatures and dates (7)

CORRECTIVE ACTION:

Group Home Monitoring Review Field Exit Summary indicates that "NSPs were signed late by CSWs and no timely documented efforts to obtain CSWs signatures on file." Additionally, "NSPs were missing some signatures and dates." In order to prevent this from recurring in the future, Children's Homes of Southern California (CHSC) enacted the following corrections in order to address CSWs full participation and knowledge of a placed resident's Initial & Updated Needs and Service Plan (NSP)/Quarterlies and goals prior to full implementation:

- Upon completion of the Initial/Updated NSP/Quarterly meeting with CHSC Staff and the youth named on the NSP/Quarterly, signatures will be immediately obtained on or before the NSP/Quarterly Due Date. Each signature obtained will have the corresponding date completed on the NSP/Quarterly signature page, respectfully.
- In the event, the youth's case-carrying CSW is not present for the Initial/Updated NSP/Quarterly meeting, within 10 days of the NSP/Quarterly meeting, a minimum of three (3) attempts will be made to obtain the CSW's signature for appropriate implementation of the NSP/Quarterly. Each attempt may include but not limited to faxing, emailing, or obtaining the Case-Carrying CSW's signature during a placed resident's CSW visit along with the appropriate date of each attempt. Completion of these systematic attempts and maintaining appropriate documentation will ensure notification to the County worker's and authorization to implement the Initial/Update NSP/Quarterly for each placed resident at CHSC.
- Children's Homes of Southern California (CHSC) will maintain evidence of these three (3) attempts (i.e., confirmation page) which will be stapled to the back of the completed NSP/Quarterly within the allotted ten (10) day time frame for which the signatures are requested in order to show DCFS Auditors/Monitors that the attempts were made in a timely manner in accordance with Statement of Work (SOW) requirements
- CHSC Administrative Assistant will be responsible for ensuring the aforementioned is completed to ensure all appropriate signatures are obtained for implementation of each of the youth's Initial/Updated NSP/Quarterlies.

23 Did the treatment team develop timely, comprehensive, Initial Needs and Services Plans (NSP) with the participation of the developmentally age-appropriate child?

FINDINGS (5):

Initial NSPs were not signed in a timely manner (on or before the due date of the initial NSP) by minors, (5)

CORRECTIVE ACTION:

Group Home Monitoring Review Field Exit Summary indicates that "minors signed the initial NSP late", *more specifically minor's signatures were not obtained in a timely manner with corresponding date of the initial NSP/Quarterly (on or before the due date of the initial NSP/Quarterly).* In order to prevent this from recurring in the future, Children's Homes of Southern California (CHSC) enacted the following corrections in order to address the timeliness of child's full participation and knowledge of his Initial Needs and Service Plan (NSP) and goals:

- Children's Homes of Southern California (CHSC), Program Director, will review weekly the Master Due Date Calendar to ensure completion of all placed Resident's Initial NSP/Quarterlies one (1) week prior to the Due Date of the Initial NSP/Quarterly. This will ensure the timeliness of the obtaining the minor's signature on or before the due date in accordance with Statement of Work (SOW) obligations.
- Each Initial Needs and Service Plan (NSP) will include current status of the placed child's physical, social, educational and psychological health needs and services provided to meet each placed child's needs; established and current concrete measurable goals; assessment of the child's adjustment to the group home; staff and peers; and adjustment to school. Children's Homes of Southern California (CHSC) Social Worker will ensure the above information is included in each completed Initial NSP/Quarterly. The above information will then be reviewed with the placed child a minimum of three (3) days prior to the due date of the Initial NSP/Quarterly and addressed in a developmentally appropriate manner to ensure the full developmentally appropriate participation of the child.
- Upon completion of the Initial NSP/Quarterly meeting with CHSC Staff and the youth named on the NSP/Quarterly, signatures will be immediately obtained including but not limited to the placed child's signature as verification of the child's participation on or before the Initial NSP/Quarterly Due Date. Each signature obtained will have the corresponding date completed on the NSP/Quarterly signature page, respectfully.
- CHSC Program Manager will be responsible for ensuring the aforementioned is available and completed to ensure the full participation of the developmentally age-appropriate child in their Initial Needs and Service Plan (NSP) verified by the timely placed child's signature and corresponding date.
- In the event, the youth's case-carrying CSW is not present for the Initial NSP/Quarterly meeting, within 5 days of the NSP/Quarterly meeting, a

minimum of three (3) attempts will be made to obtain the CSW's signature for appropriate implementation of the NSP/Quarterly. Each attempt may include but not limited to faxing, emailing, or obtaining the Case-Carrying CSW's signature during a placed resident's CSW visit along with the appropriate date of each attempt. Completion of these systematic attempts and maintaining appropriate documentation will ensure notification to the County worker's and authorization to implement the Initial NSP/Quarterly for each placed resident at CHSC.

- Children's Homes of Southern California (CHSC) will maintain evidence of these three (3) attempts (i.e., confirmation page) which will be stapled to the back of the completed NSP/Quarterly within the allotted five (5) day time frame for which the signatures are requested in order to show DCFS Auditors/Monitors that the attempts were made in a timely manner in accordance with Statement of Work (SOW) requirements
- CHSC Administrative Assistant will be responsible for ensuring the aforementioned is completed to ensure all appropriate signatures are obtained for implementation of each of the youth's Initial NSP/Quarterlies.

24 Did the treatment team develop timely, comprehensive, updated Needs and Services Plans (NSP) with the participation of the developmentally age-appropriate child?

FINDINGS (7):

Updated NSP signature/date pages were missing the dates minors signed them, (7)

CORRECTIVE ACTION:

Group Home Monitoring Review Field Exit Summary indicates that "NSPs were updated and comprehensive; however the timeliness could not be verified as NSP signature/date pages were missing the dates minors signed them." In order to prevent this from recurring in the future, Children's Homes of Southern California (CHSC) enacted the following corrections in order to address the timeliness of child's full participation and knowledge of Updated Initial Needs and Service Plan (NSP) and goals:

- Children's Homes of Southern California (CHSC), Program Director, will review weekly the Master Due Date Calendar to ensure completion of all placed Resident's Updated NSP/Quarterlies one (1) week prior to the Due Date of the Updated NSP/Quarterly. This will ensure the timeliness of the obtaining the minor's signature on or before the due date in accordance with Statement of Work (SOW) obligations.
- Each Updated Needs and Service Plan (NSP) will include current status of the placed child's physical, social, educational and psychological health needs and services provided to meet each placed child's needs; established and current concrete measurable goals; assessment of the child's adjustment to the group home; staff and peers; and adjustment to school. Children's Homes of Southern California (CHSC) Social Worker will ensure the above

information is included in each completed Updated NSP/Quarterly. The above information will then be reviewed with the placed child a minimum of three (3) days prior to the due date of the Updated NSP/Quarterly and addressed in a developmentally appropriate manner to ensure the full developmentally appropriate participation of the child.

- Upon completion of the Updated NSP/Quarterly meeting with CHSC Staff and the youth named on the NSP/Quarterly, signatures will be immediately obtained including but not limited to the placed child's signature as verification of the child's participation on or before the Updated NSP/Quarterly Due Date. Each signature obtained will have the corresponding date completed on the NSP/Quarterly signature page, respectfully.
- CHSC Program Manager will be responsible for ensuring the aforementioned is available and completed to ensure the full participation of the developmentally age-appropriate child in their Updated Needs and Service Plan (NSP) verified by the timely placed child's signature and corresponding date.
- In the event, the youth's case-carrying CSW is not present for the Updated NSP/Quarterly meeting, within 5 days of the NSP/Quarterly meeting, a minimum of three (3) attempts will be made to obtain the CSW's signature for appropriate implementation of the NSP/Quarterly. Each attempt may include but not limited to faxing, emailing, or obtaining the Case-Carrying CSW's signature during a placed resident's CSW visit along with the appropriate date of each attempt. Completion of these systematic attempts and maintaining appropriate documentation will ensure notification to the County worker's and authorization to implement the Updated NSP/Quarterly for each placed resident at CHSC.
- Children's Homes of Southern California (CHSC) will maintain evidence of these three (3) attempts (i.e., confirmation page) which will be stapled to the back of the completed NSP/Quarterly within the allotted five (5) day time frame for which the signatures are requested in order to show DCFS Auditors/Monitors that the attempts were made in a timely manner in accordance with Statement of Work (SOW) requirements
- CHSC Administrative Assistant will be responsible for ensuring the aforementioned is completed to ensure all appropriate signatures are obtained for implementation of each of the youth's Updated NSP/Quarterlies.

HEALTH AND MEDICAL NEEDS

32 Are initial dental examinations conducted timely?

FINDINGS (2):

Initial Dental Examinations not completed timely (2)

CORRECTIVE ACTION:

Group Home Monitoring Review Field Exit Summary indicates one youth (1) had "dental examination completed on 03/01/2014, was due by 02/07/2014." Additionally, one youth (1) had initial dental examination "dental examination completed on 09/05/2013, was due by 08/24/2013." Both youth's "initial dental were late with no documented reason." In order to prevent this from recurring in the future, Children's Homes of Southern California (CHSC) enacted the following corrections:


- Upon placement, CHSC, Intake Coordinator, will obtain documentation (i.e., Medi-Cal) for Placed Youth in order to provide a timely initial dental examination in accordance with SOW requirements.
- In the event a youth has no assigned or functional Medi-Cal Information, Intake Coordinator will contact Case-Carrying DCFS CSW to obtain correct Medi-Cal Information. Upon receipt of information, Children's Homes of Southern California (CHSC) Facility Manager/CCW will complete Special Incident Report (SIR) accordingly which will be submitted via I-Track system in accordance with established Special Incident Reporting Guidelines. Completion of the Special Incident Report will ensure documentation is completed and maintained in the placed youth's file and completed on the youth's Initial & Updated NSP/quarterly.
- Upon each youth's placement at the group home, **the Children's Homes of Southern California (CHSC) Designated Program Manager will receive a hard copy of the CHSC Form entitled "To be completed within 30 Days" from the CHSC Intake Coordinator** (Form enclosed). The CHSC Program Manager will be responsible for contacting the House Manager (Facility Manager II) who will schedule of the placed youth's dental examination within three days of placement. These examination dates will be completed on the CHSC Form entitled "To be completed within 30 Days" by the Designated Program Manager of the group home in which the youth is placed.
- Additionally, the CHSC Intake Coordinator will provide a copy of the CHSC Form to the Children's Homes of Southern California (CHSC) Administrative Assistant. The CHSC Administrative Assistant will ensure the completion of the form by the Program Manager with weekly reminders provided during the Program Treatment Team Meeting until the CHSC "To be Completed within 30 Days" Form is returned within the allotted time frame.
- In the event that the dental examinations necessitate follow up as indicated by the dentist, the CHSC Staff House Manager (Facility Manager II) will notify the **CHSC Program Manager who will ensure completion of indicated follow up.** Once the dental examination follow up is completed (i.e. fillings), the CHSC Program Manager will indicate on the CHSC Form completion of the initial examination and any noted follow up to the medical examination.
- Upon completion of CHSC Form, Program Managers will forward the completed hard copy of CHSC Form to the Main Office to have the information entered into each placed youth's file and CHSC ACT ® system. This will ensure follow up of placed

youth receiving said services in accordance with Statement of Work (SOW) requirements.

- In the event the placed youth *refuses said services including initial and follow up to dentist recommendations* in accordance with their personal rights, a Special Incident Report will be completed by CHSC Staff and forwarded to appropriate parties in accordance with SOW, Exhibit A-VIII, Special Incident Reporting Guidelines.
- Upon completion of the initial dental examination and any needed follow up (i.e. cavity fillings), CHSC Staff, Administrative Assistant will maintain documentation in placed Youth's folder and CHSC ACT ® system.
- Lastly, the Children's Homes of Southern California (CHSC) Social Worker will ensure the completed documentation including Special Incident Reports regarding dental examinations including but not limited to dental examination refusals, Medical difficulties which limit dental examinations/procedures, and any dental follow up on the placed youth is written into the Initial/Updated NSP/Quarterlies to ensure documentation is available when requested.
- CHSC, Program Director will be responsible for ensuring completion of the aforementioned information and system.

Thank you for allowing us the opportunity to correct these findings and submit this corrective action.

Sincerely,


Michelle Villacorta, MA
Administrator/Program Director
Children's Homes of Southern California

Enclosures:

Copy of CHSC Monthly Inspection Sheet Form
Copy of CHSC Vehicle Inspection Log Form
Copy of CHSC Training Schedule 2013-2014 (In-Service/CEU)
Copy of CCL Substantiated Complaints w/ Plan of Corrections (Total 3)
Photos of CHSC Repair to Shoup GH Walkway
Photos of CHSC Purchase of Recreational Equipment
Copy of CHSC/R-Tech Computers, Inc. Purchase & Installation Quote Email
Copy of CHSC Form "To Be Completed Within 30 Days"